



## Department of Conversation & Recreation **Customer Refund Request**

Important: Proof of payment is required for requesting and processing a refund. Please attach your original receipt/s to this document along with a letter explaining the reason for your request.

Refunds will be issued by check from the Massachusetts Treasury. Please allow 8-12 weeks for processing.

Customer Name:		
Customer Address:		
Customer Name: Customer Address: Email Address: Customer Telephone: Refund Requested Amount: Last 4 Digits of Card Used Copy of ID  Type of Refund Requested (Please check below)  Day Use Parking Day Use Parking MassParks Annual Pass MassParks Annual Pass Athletic Field Permit  Facility where purchase was made:  Signature: Date:  Please Mail refund request to:  DCR External Affairs/Refunds Suite 900 251 Causeway Street Boston. Ma 02114		
Copy of ID		
Type of Refund Requested (Please	check below)	
Day Use Parking	Day Use Parking – Prepaid for Event	
	• •	
Signature:	Date:	
_		
DCR		
External Affairs/Refunds		
Suite 900		
251 Causeway Street		
Boston, Ma 02114		

COMMONWEALTH OF MASSACHUSETTS · EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS

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Kathleen A. Theoharides, Secretary, Executive Office of Energy & Environmental Affairs

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